

Stryker Brigade Combat Teams



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Ft Lewis WA



Objectives



- Review COSC
- Back Brief on Stryker Concepts and Operations
 - Unit Hx/evolution
 - Capabilities
 - Primary missions
 - Organization of SBCT Combat Health Support
- Brigade Mental Health Section
- CSC Support to a SBCT



ROLE OF COMBAT STRESS



COMBAT FORCE MULTIPLIER



DEFINITIONS



COMBAT/OPERATION STRESS- THE SUM OF THE PHYSICAL AND EMOTIONAL STRESSORS EXPERIENCED DUE TO COMBAT OR EXTENDED OPERATIONS

BATTLE FATIGUE- BROAD GROUP OF PHYSICAL, MENTAL AND EMOTIONAL SIGNS THAT RESULT FROM COMBAT/OPERATION STRESS



DEFINITIONS (CON'T)



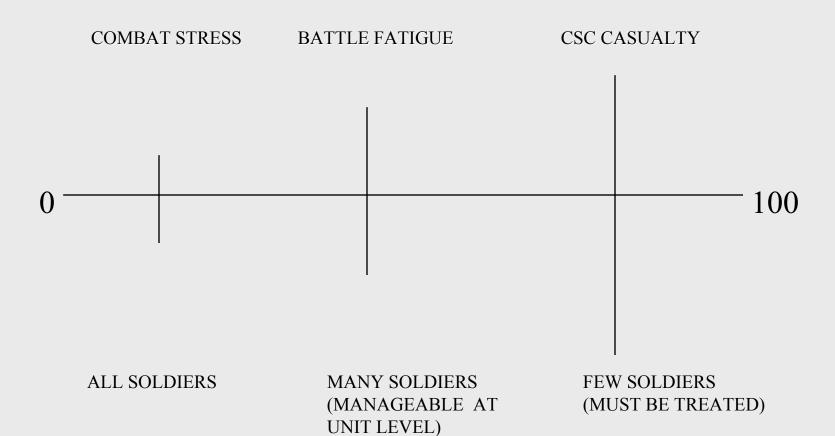
• <u>COMBAT STRESS CASUALTY (CSC)</u>-SOLDIER WHO IS COMBAT INEFFECTIVE DUE TO BATTLE FATIGUE



DEFINITIONS



COMBAT STRESS VS BATTLE FATIGUE





Mild Stress Reactions



Physical

- Trembling
- Jumpiness
- Cold sweats, dry mouth
- Insomnia
- Pounding heart
- Dizziness
- Nausea, vomitting
- Fatigue
- "Thousand-yard" stare
- Difficulty thinking,
 speaking and
 communicating

Emotional

- Anxiety
- Irritability
- Forgetfulness
- Nightmares
- Easily startled
- Tears, crying
- Anger, loss of confidence



Severe Stress Reactions



Physical

- Constantly moves around
- Flinches or ducks at sudden sound/movement
- Shakes/trembles
- Inability to see, hear or feel
- Freezes under fire
- Panics, runs under fire

Emotional

- Talks rapidly
- Argumentative
- Indifferent to danger
- Memory loss
- Stutters severely
- Insomnia/severe nightmares
- Sees or hears things that do not exist
- Rapid emotional shifts
- Socially withdrawn
- Apathetic
- Hysterical outbursts
- Frantic or strange behaviors



Combat Stress Control Lessons Learned



- Normal Response to abnormal stress of combat
- "Mild" to "Severe" cases
- Treatment is "4R's"
- 80% RTD in 72 hours
- Combat and Operational Stress (CAOS)



Combat Stress Control Lessons Learned



- Performance and combat resiliency are foci
- View through lens of COSC
- Leadership links factors that enhance performance and resiliency to soldier life

Prevention is key



Combat Stress Control Lessons Learned



Tough realistic training

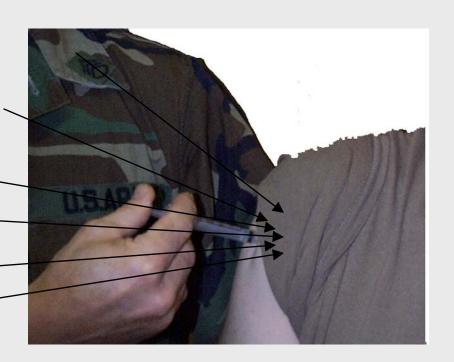
Homefront stability

Sponsorship

Cohesion

Physical Fitness

Posture



Stress Inoculation



TREATMENT PRINCIPLES



Proximity

Immediacy

Expectancy

#

Simplicity

Brevity

Immediacy

Centrality

Expectancy

Proximity

Simplicity



COMBAT STRESS CONTROL



- DISPOSITION OF BATTLE FATIGUE CASES
 - DUTY
 - REST
 - HOLD
 - REFER



TREATMENT LEVELS



- PREVENTION (UNIT)
- SELF AND BUDDY AID (UNIT)
- RESTORATION/FITNESS (MED CO)
- RECONDITIONING (DISCOM)
- RECONSTITUTION (CORPS)



COMBAT STRESS CONTROL



• MENTAL HEALTH RESOURCES IN THE COMBAT ZONE

- SBCT MHO
- DIVISION MENTAL HEALTH
- MED DET (CSC) & MED CO (CSC)
- AREA SUPPORT MED BN MH
- HOSPITAL NEUROPSYCH SVC
- MED GRP & BDE MH STAFF



Unit History "SECOND TO NONE!"



- •3rd Bde (SBCT), 2nd Inf Div
 - Established in 1917
 - American Expeditionary Force WWI

Most decorated Bde in the AEF

- Deactivated in 1937 at Ft Sam Houston
- Reactivated 1963 Korea

DMZ/W.Corridor

- Deactivated 1992 in Korea
- Reactivated 1995 at Ft Lewis

As a Heavy Independent Brigade Combat Team

- •Re-designated Initial Brigade Combat Team '00
- •Re-named Stryker Brigade Combat Team '02



ARROWHEAD!!



Why build 6 Stryker Brigade Combat Teams?

- •2nd: Lessoned learned in
 - Desert Shield

82nd Airborne – Held positions with no armor support

Somalia

Blackhawk Down – Urban warfare without organic armor

Bosnia

War fighters travel in soft skin vehicles



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Why 3/2 and 1/25 first?

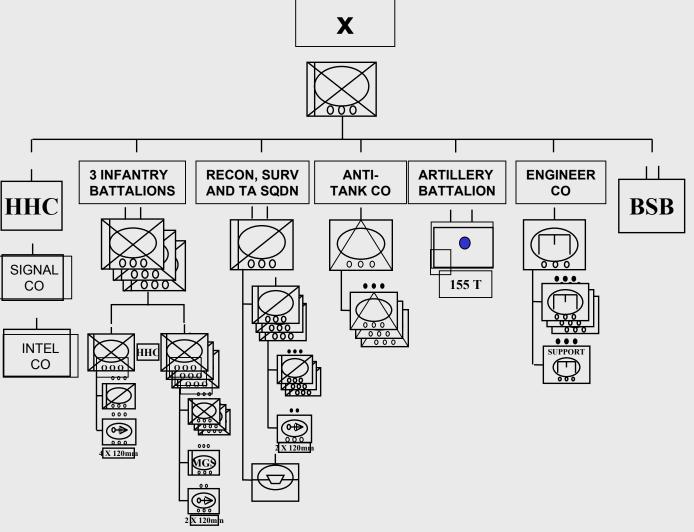
- •1999- 3/2 Brigade Combat Team (H) and 1/25 IN Brigade (L) on Ft Lewis.
- •3/2 received 5/20 IN from 1/25
- •1/25 gained 1/33 AR from 3/2
- •2/14 CAV (RSTA) activated for 1/25
- •296th BSB* of 3/2 familiar with mechanized support

(*formerly Forward Support Battalion)



SBCT Organization









- Rapidly deployable
- Combat capable on arrival
- Effective in complex and urban terrain
- Situational understanding via 1/14 CAV (RSTA)*

Unmanned Arial Vehicle (UAV)
Ground Surveillance Radar (GSR)

*Recognizance, Surveillance, and Target Acquisition





- Faster deployment/decreased footprint
 Deploy whole Bde within 96 hours
 Total time from first wheel up to last wheel down
- Strategic, joint and combined intelligence analysis, and logistics
- •Operational mobility to/around/out of theater via C-130 Strykers have been loaded, flown to NTC and participated in joint force exercises (summer '02).





- Austere/limited logistics tail
- Technology
 Received from Force XXI (Ft Hood)



Force Battle Command for Brigade and Below (FBCB2)





- •Prior to deployment:
- Scaleable

"Hooks"

Act as a liaison for attached units and SME for Bde Staff

- •e.g. ADA, MP, ENG
- •BMHS, BPMS (Hooks for Bde Surg/BSMC)

Upon arrival:

- Self-sustaining for 72 hrs
- •Air Port Of Debarkation (APOD) & Tactical Assembly Area (TAA) same.
- Sustain ops for up to 180 days





Maturing theater

- Div/Corps/Theater Support Command (TSC)
 traditional support structure
- •SBCT

obtains support from multiple sources not tied to traditional *linear* support chains



Primary missions



- Small Scale Contingency Operations (SSC) conventional asymmetric
- Urban
- Operations Other Than War (OOTW)



Primary missions



- Not designed for forced entry missions
 Still the mission of the Rangers or the 82nd Airborne Div.
- •The entry force seizes the airfield and secures it, the SBCT then enters to build combat power.
- Mission conceptContainStabilizeResolve



How a SBCT Will Fight



Forward Line of Troops

Со	Со	Со	Со			
	Bn gacy Doctrine					
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Secure the Air Field



Asymmetrical Battle Space

SBCT Doctrine

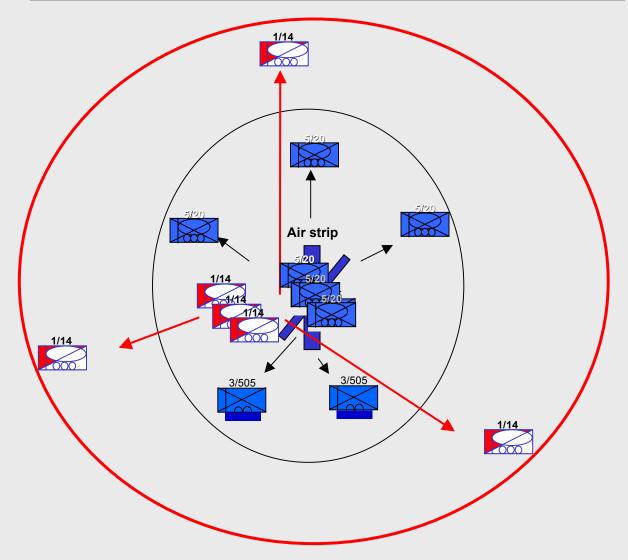


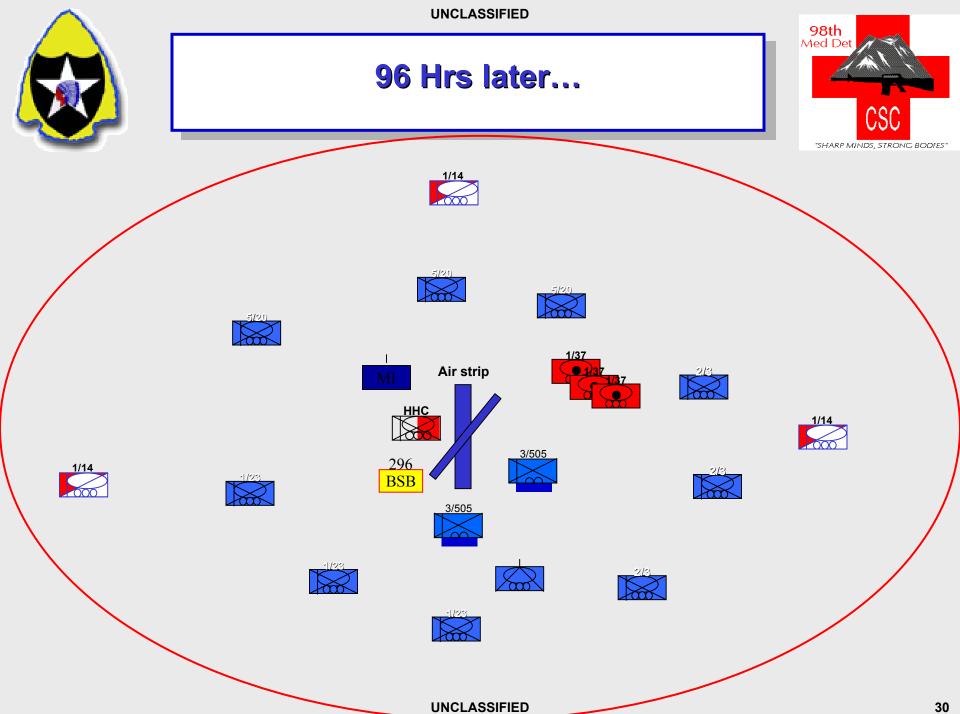
DEPLOYMENT



Building Combat Power





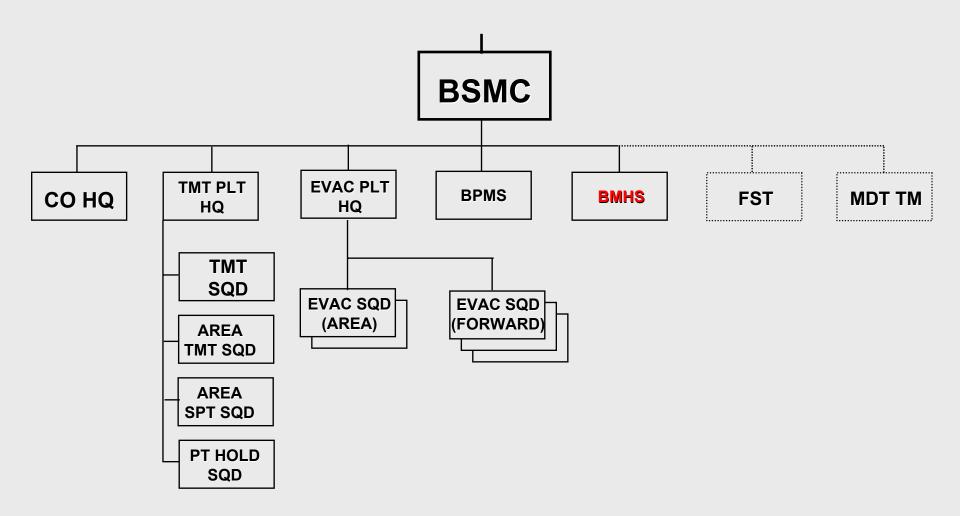






CHS Organization in BSB

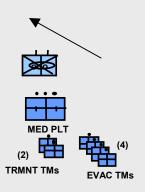




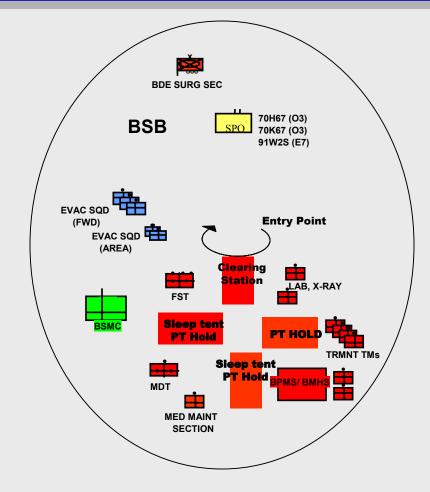


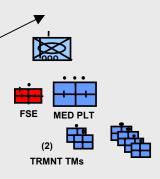
DEPLOYMENT

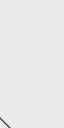




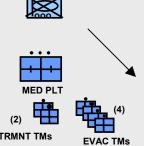


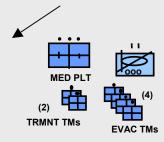












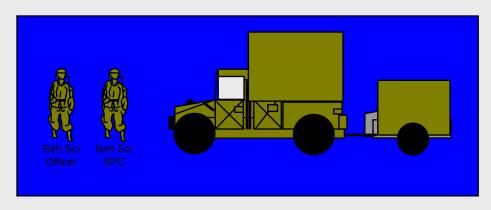


Witchdoctors!



Stryker Brigade Combat Team

Brigade Support Battalion Brigade Support Medical Company Brigade Mental Health Section



PERSONNEL

O3 - BEH SCI OFF (1) 91X10 - BEH SCI SPC (1)

MAJOR EQUIPMENT HMMWV (1)

COMMUNICATIONS FBCB2 (1) VRC-90F (1) DAGR (1) AN/PSC-12 (2)

MC4 (DISMOUNTED LAPTOP (1) HANDHELD (2)



Brigade Mental Health Section



- Doctrinally the BMHS is the furthest forward organic MH asset in the Army.
- Developed in part due to the experiences of CSC teams who were far forward and successfully supporting line troops in:
 - Desert Shield/Storm
 - Somalia
 - Haiti
 - Bosnia



Brigade Mental Health Section



Guiding principles:

MACRO approach to MH services

- Far Forward delivery of services
 - Movement in Battle Space dictated by tactical situation



Brigade Mental Health Section



PRIMARY MISSION:

Conduct and/or coordinate Combat/Operational
 Stress Control training/support for the Brigade.

Medical

•91W

•PA's

·RN

•MD

Chaplain

•UMT

Unit

Leaders

Troops





Behavioral Science Officer (BSO)

- Coordinate, conduct COSC trng.
- Deliver appropriate and effective MH support
- Serve as MH advisor to the Brigade Surgeon.
- Consultant to unit Cmdrs/Unit Ministry Teams/Medics
- Continue to establish the role of the BMHS.





SECONDARY MISSIONS (garrison):

- •Crisis intervention/placement management BHS/FAP/ASAP
- Advocate for the Bde with garrison MH agencies.

(division structure absent)

•Represent garrison MH agencies in the Bde.





SECONDARY MISSIONS (deployment):

Develop COA for follow on CSC.

Como issues within battle space - old vs new size of slice (footprint) - to much space taken Mobility - "seats to butts"

Enhance working relationship with BPMS

split ops (PM/MH split into 2 teams to cover more area)

Co-existence down range

Cross training=basic understanding of each others mission





BSO ADDITIONAL DUTY

Assistant to the Brigade Alcohol and Drug Control Officer (The Bde Military Police Planner is the Bde ADCO)

By combining Law Enforcement and Behavioral Science

3rd Bde's ASAP has developed into an effectively balanced

Bde level Army Substance Abuse Program.

3rd Bde's ASAP was recently recognized by ASAP DA inspectors as one of the best unit level ASAPs Army wide.





Mental Health Specialist 91X10

Prep for/Field

- Maintain the section
 Load plan, etc.
 Maintain equipment
 Camo nets, vehicle, etc.
- •COMO FBCB2/EPLARS/MC4 I & II
- Section's TSOP development

Clinical Missions

- COSC training
- Unit surveys
- Intakes
- •Testing inventories administering recording



98th Med Det (CSC)



The
Echelons Above Brigade (EAB)
Health Service Support (HSS)
Concept
in Support of
Stryker Brigades



62nd Med Bde's Concept of Support



"TREAT AND EVACUATE"

TREAT

 Provide far-forward HSS to reduce Died of Wounds and increase RTD rate. (SBCT w/ Med Bde Plugs)

EVACUATE

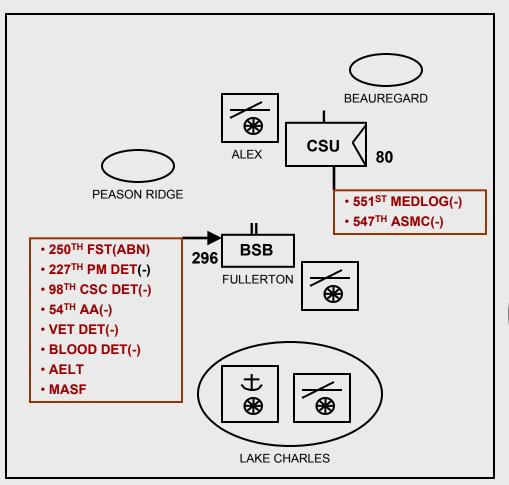
- From POI to BAS to BSMC use organic SBCT medical assets and non-standard evacuation platforms (SBCT responsibility).
- From Engagement Area to Forward Operating Base) use fixed wing backhaul, rotary wing assets, and logistical air/vessel (Med Bde responsibility).
- From Sanctuary to CONUS/Theater Support Base use stratevac (TRANSCOM w/Med Bde coordination)

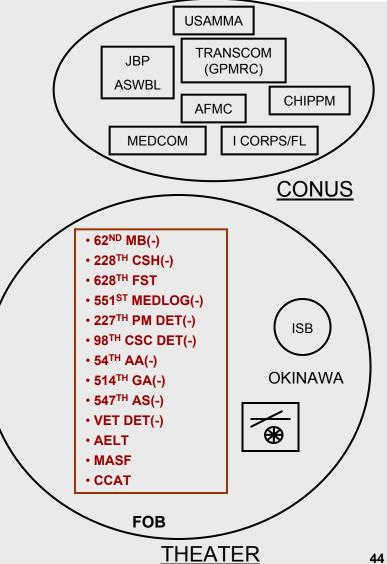


62nd Med Bde's Support Concept











98th Medical Detachment (CSC)



Combat Operational Stress Control "Stryker Driven Mission Changes"

MISSION

Provide Combat/Operational Stress Control Support to a Stryker Brigade

CSC Stryker Brigade Team (CSBT)

Developed to Support Stryker Brigade Combat Team Doctrine

98th CSC ORGANIZATIONAL CHANGES

- For Legacy Units Maintain Traditional Structure
- For Interim (Stryker) Force Shift to CSBT Concept

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98th Medical Detachment (CSC)



COSC Direct Support to BSMC

WHO

Mental Health NCO 91X20 or 30

EQUIPMENT

CIF ISSUE ONLY

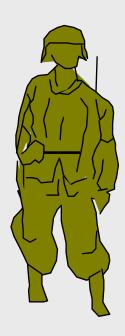
PAX

1

WHAT COSC

WHEN

DS requested by Stryker Support Operations (SPO)





98th Medical Detachment (CSC)



98th CSBT at FOB

<u>WHO</u>	PAX	<u>WHAT</u>	<u>WHEN</u>
OIC (Prevention)	1	CSC Prevention	C+
91X (Prevention)	1	CSC Prevention	C+
OIC (Fitness Team)	1	CSC Fitness	C+
91W30 or 20 N3	1	CSC Fitness	C+
91X (Fitness Team)	<u>1</u>	CSC Fitness	C+
ΤΟΤΔΙ	5		

PREVENTION SECTION FORWARD DEPLOYABLE



FITNESS SECTION DS TO RESTORATION EFFORTS





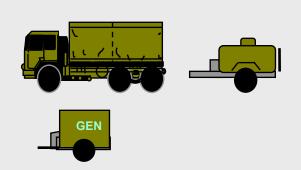
98th CSBT at FOB



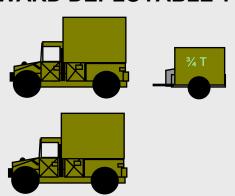
EQUIPMENT

CIF ISSUE		
LMTV	1	Prime Mover, DS to Fitness Operations
HMMWV	2	Forward Deployable
Generator	1	DS to Fitness Operations
Water Buffalo	1	DS to Fitness Operations
Eureka Medium	1	DS to Fitness Operations
Eureka Small	1	DS to Fitness Operations
SICUP	2	Forward Deployable

DS TO RESTORATION OPERATIONS



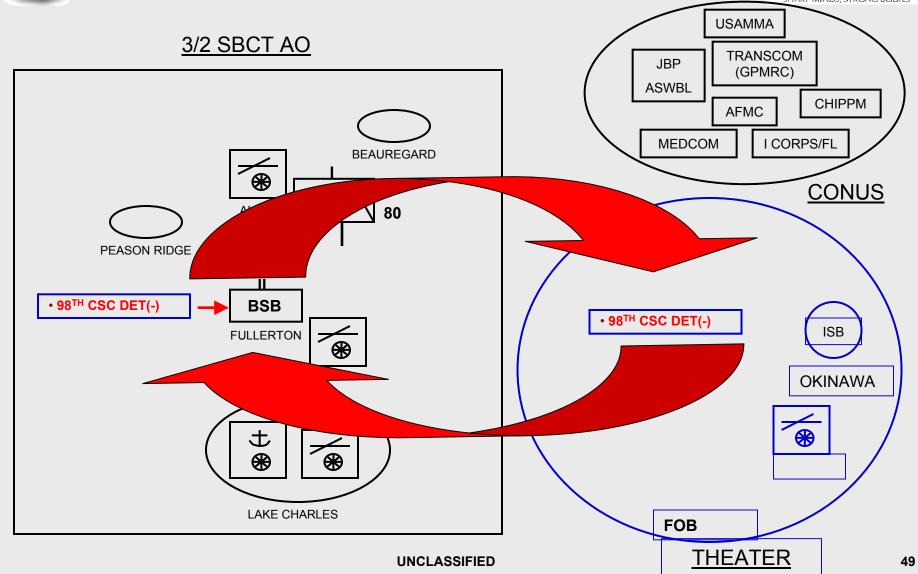
FORWARD DEPLOYABLE TO BSB





98th CSBT Support Concept







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QUESTIONS?